

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

UNITED STATES OF AMERICA,

-against-

Frank Mattioli

**CONSENT TO PROCEED BY VIDEO OR
TELE CONFERENCE**

20-Mag-11651

Defendant(s).

-----X

Frank Mattioli;

Defendant ~~Philip Santiago~~ hereby voluntarily consents to participate in the following proceeding via X videoconferencing or X teleconferencing:

X Initial Appearance Before a Judicial Officer

X Arraignment (Note: If on Felony Information, Defendant Must Sign Separate Waiver of Indictment Form)

X Bail/Detention Hearing

 Conference Before a Judicial Officer

S/Frank Mattioli /om
Defendant's Signature
(Judge may obtain verbal consent on
Record and Sign for Defendant) *OTW*

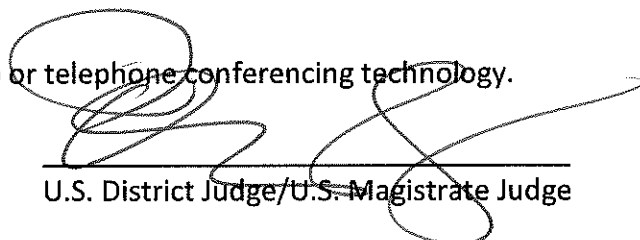
/s/ Mark J. Stein
Defendant's Counsel's Signature

Frank Mattioli
Print Defendant's Name

Mark J. Stein
Print Counsel's Name

This proceeding was conducted by reliable video or telephone conferencing technology.

29 Oct 2020
Date


U.S. District Judge/U.S. Magistrate Judge

SDNY
CJA 23
(Rev. 1/12)**FINANCIAL AFFIDAVIT**

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES ☒ DISTRICT COURT ☐ COURT OF APPEALS ☐ OTHER (Specify below)
IN THE CASE OF

United States v. Mattioli

20-Mag-11651

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Frank Mattioli

CHARGE/OFFENSE (describe if applicable & check box→)

Narcotics Conspiracy - 21 USC 846

☒ Felony
☐ Misdemeanor

- 1 ☒ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Supervised Release Violator
 5 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate Judge

District Court

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? 2014 How much did you earn per month? \$ \$5,000/month
		If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, give the amount received and identify the sources: RECEIVED \$ 1,900/month Disability \$ 360/month Disability (for children) SOURCES _____
	CASH	Do you have any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ \$20.00 - savings \$100.00 - checking \$50,000.00 - expected pension (Port Authority)
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furniture and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, give value and description for each: VALUE DESCRIPTION \$ _____ \$60,000.00 - expected pension (Staten Island University Hospital)	

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS Single _____ Married _____ Widowed _____ <input checked="" type="checkbox"/> Separated or Divorced Total No. of Dependents 2 List persons you actually support and your relationship to them Two children, ages 13 and 9
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	DESCRIPTION TOTAL DEBT MONTHLY PAYMENT Cell phone - \$120/month \$ \$ Groceries - \$100/month \$ \$ Child care - \$500/month \$ \$

I certify under penalty of perjury that the foregoing is true and correct.

/s/ Frank Mattioli

10/29/2020

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Date

/s/ Mark J. Stein

☒ APPROVED ☐ DENIED

FD/CJA/RET. ATTORNEY

(PRINT)

SIGNATURE OF JUDICIAL OFFICER

DATE

ASSISTANT UNITED STATES ATTORNEY (PRINT)

29 Oct 20